



## TOE THE LINE

Volume 25, Issue 2

Fall 2013

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### MESSAGE FROM DR. TANYA SELLERS-HANNIBAL

I would like to thank the podiatrists within the state for giving me an opportunity to serve on the Maryland State Board of Podiatric Medical Examiners as both a member, and as president. This was an invaluable experience that I would encourage others to pursue.

I strongly believe it is essential that we treat every single patient with the upmost respect. It is an honor that patients are entrusting their care to us. If we recognize this as we interact with our patients, there is no doubt that the board would review fewer

complaints. I would also humbly ask that we be more retrospective in observing the actions of one another. Unfortunately, the board continues to receive a large number of complaints from our own colleagues.

While participating on the board, my eminent goal was to evaluate each case presented with fairness and objectivity. The board members are truly well intentioned. Our board is supported by a very capable committed staff. I am confident that the board members and the staff will continue to do their very best for Maryland citizens.

### 2014—2015 RENEWAL REMINDER

Maryland podiatry licenses expire on December 31, 2013 and renewals must be received no later than December 1, 2013. Renewal notices will be distributed by electronic mail in October. Please ensure that your email address with the Board is correct. The assessment of late fees shall not be waived for returned mail or non-receipt of email. Licensees will be directed to submit their renewal applications online at the Board's website: [www.dhmf.maryland.gov/mbpme](http://www.dhmf.maryland.gov/mbpme). Our website allows CME information to be edited at any time prior to submission. Licensees selected for audit will be required to submit documentation to the Board evidencing CPR certification and completion of CMEs. Compliance with an audit request of the Board is mandatory. Licensees subject to audit will not be renewed until the Board receives and accepts the compliance documentation. All late renewals will be audited and shall be required to submit CME and CPR compliance documentation

to renew.

Active license renewal fees of \$561 include the second annual payment towards 2014-2015 licensing fees plus the Maryland Health Care Commission (MHCC) user fee (\$525.00 + \$36.00 = \$561.00). Inactive license renewal fees of \$50.00 are paid annually. Inactive licenses do not permit you to work or prescribe in MD. To place your license on Inactive status, submit the Inactive licensure application available from our website with the \$150.00 initial Inactive license fee. Thereafter, a \$50.00 annual renewal fee is required to maintain an Inactive status license. Inactive license holders that apply for an Active license will be required to submit CMEs for all periods of Inactive licensure.

**A late renewal fee of \$250.00 will be assessed to all licensees who fail to renew their license by 12/01/2013. Those licensees that did not pay the first installment last year, will be automatically assessed the late fee at renewal time.**

### Taxes

Effective July 1, 2003 all health occupation licensing boards in the State of Maryland are prohibited from renewing a license to practice a health care profession before receiving verification from the Office of the Comptroller that a renewal applicant has paid or arranged to pay all Maryland taxes and unemployment insurance contributions. (Maryland Code Annotated, Health Occupations Article §1-213).

Payment of all tax obligations (personal and business) must be satisfactorily verified by the Office of the Comptroller prior to the Board's issuance of a license. The Board can not release tax holds. The release of tax holds can only be accomplished by **contacting the Office of the Comptroller at 410-974-2432** to resolve tax issues and/or make payment arrangements.

### Child Support Arrears

Family Law Article, § 10-119.3, Maryland Annotated Code, provides that upon notification by the Department that an individual obligor is in arrears on his or her child support obligation, the Licensing Authority shall suspend the Obligor's license or deny the license of an individual who is an applicant for a license.



## NEWLY LICENSED PODIATRISTS

Coralía Terol, D.P.M.

Najiah Faour, D.P.M.

Reman Dhaliwal, D.P.M.

Matthew Hinderland, D.P.M.

Chad Moorman, D.P.M.

Ali Deyhim, D.P.M.

Priya Parthasarathy, D.P.M.

Mohammad Esmaili, D.P.M.

Eric Soffer, D.P.M.

Jashan Valijee, D.P.M.

Noman Siddiqui, D.P.M.

Najiah Faour, D.P.M.

Neda Arjomandi, D.P.M.

William Yeaman, D.P.M.

Annell Tucker, D.P.M.

Sandra Kohler, D.P.M.

Casey Friske, D.P.M.

Jennifer Bell, D.P.M.

Daniel Gerstenblith, D.P.M.

Danielle Venegonia D.P.M.

Asma Khan, D.P.M.

Adam Isaac, D.P.M.



## BOARD INQUIRIES

Is a medical office required to charge patients sales tax when selling flip flops with built in orthotics? Additionally it was inquired if the answer would change if the entity pays Spenco sales tax when they propose the product.

The Board responded that there is no sales tax required on the sale of flip flops with built in orthotics to patients.

Are there any statutes or regulations on who can assist in a surgical case and what qualifications they must have? This personnel would be in addition to the RN that is monitoring the patient.

The Board's response was that there are no specific regulations regarding who could assist in a surgical case in an ASC, in addition to the licensed personnel. Therefore, the additional personnel that may be trained to assist in a surgical case is not regulated and there is no prohibition against using such personnel.

Can non-licensed personnel call in prescriptions to the Pharmacies?

The Board's response was that as long as the person calling in the prescriptions is an "agent" such as an employee of the podiatrist, it is permissible. The Board was also informed that the Federal Drug Administration (FDA) has recently

approved e-prescribing for scheduled drugs.

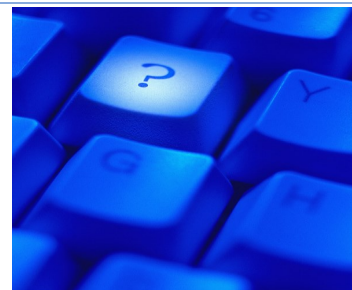
What is the standard of care concerning the fixation of closing base wedge osteotomy bunion procedures? In general should there be 2 points of fixation, i.e. 2 screws, 2 k-wires?

The Board stated that the surgical treatment of any osteotomy is up to the discretion of the surgeon.

Does the Board have any regulations regarding notification of patients should a podiatrist retire or sell his practice? Are there specific timetables for these notifications and is there specific wording to use?

The Board stated that the Maryland Code Annotated Health General Article 4403 and the APMA Code of Ethics ME 4.4 and BE 5.21 explains what is the required record keeping practice for a podiatrist who either retires or sells their practice.

It is required for a podiatrist to notify their patients within a reasonable amount of time. The podiatrists must either retain the records themselves, or appoint a custodian to maintain the records for a minimum of 6 years because of HIPAA laws, and



additional years for minors. Additionally, they must give notice when the records are going to be destroyed. There is no specific wording required within the notice, just that notifying the patients is required.

An article about "Retention of Medical Records" is being published in this Newsletter.

Is owning and running a "weight loss program" out of a podiatrist's office viable?

The Board determined that it is not within the purview for a podiatrist to own and operate a weight loss program out of their office. However, it is appropriate for a podiatrist to sell commercially available non-prescription weight loss products out of their office to patients.

Are podiatrists allowed to supervise/sponsor RNFA's or ARNP's in operating rooms as first assistants?

The Board determined that podiatrists can legally supervise/sponsor Registered Nurse First Assistants (RNFA) and Advanced Registered Nurse Practitioners (ARNP) as first assistants in the operating room.

What is the proper way for a Podiatrist to cut a toe nail round or straight across?

The Board's response was that there are no regulations defining this practice. The matter is deferred to the clinical judgment of the podiatrist to determine each individual's needs.

## PUBLIC DISCIPLINARY ACTIONS

Larry Bernhard D.P.M.-

Order effective 2/9/2012

Summarily Suspended,  
Indefinitely

Victor Henry D.P.M.-

Order effective 2/9/2012 Surrender of License with terms

and conditions in lieu of disciplinary action.

Jeannine George-  
Richardson, D.P.M.-

Order effective 12/9/2010,

One year suspension: 6 months stayed, 3 years probations

## LEGISLATION

### SB 541/HB 746- Health Occupations - Licensed Podiatrists - Scope of Practice

Senate Bill 541 Health Occupations - Licensed Podiatrists - Scope of Practice to exclude prohibition against acute ankle surgeries, was found unfavorable by the EHEA in the Senate. House Bill 746, the cross filed bill to SB 541, was withdrawn. The Board reviewed the list of Legislators that voted against the bill: Senator Young (sponsor) singularly voted for the bill, with all other legislators voting against it. The testimony by orthopedic surgeons against these bills was grossly inaccurate, thus detrimental to their outcome.

### SB 608/ HB 798- Environment - Radiation Sources - Podiatry and Chiropractic Radiation Machines

Senate Bill 608- Environment - Radiation Sources - Podiatry and Chiropractic Radiation Machines was found unfavorable by EHEA in the Senate. House Bill 798, the cross filed bill to SB 608, failed in Environmental Matters and did not come up for a vote. The Board was given a copy of the Senators vote and all but one Senator, who was the sponsor, had voted against the bill.

### SB 837- Prohibit staying of Board Orders of discipline

Senate Bill 837 Prohibits staying of Orders of discipline was found unfavorable by the HGO.

Senate Bill 593- Passed. The Board will continue to send out license renewal notices via email.

### House Bill 141-Boards

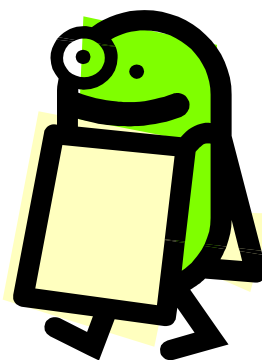
This bill was passed in a previous legislative session, and requires the Healthcare Occupation Boards to advertise on their website if a vacancy for a Board member is available. All Maryland licensed podiatrists in good standing may apply to run for a vacant position, or a reappointment vacant position on the Board of Podiatry, by forwarding their letter of interest to the MPMA, which will vet the applicants, develop ballots for nominees and a subsequent voting process will ensue. Once the two nominees for each Board member vacancy win the elections held by the MPMA, their names will be forwarded to the Department of Health and Mental Hygiene for further vetting, before a recommendation for appointment to the Board by the Governor is submitted.

At the time of this publication, there are no vacant positions for serving as a member on the Board of Podiatry.

## ADVERTISING FOR LASERS

The Federal Drug Administration (FDA) guidelines regarding advertising of the use of FDA cleared lasers indicate that the FDA cleared lasers are for temporary increase in clear nail in patients with onychomycosis (e.g., dermatophytes *Trichophyton rubrum* and *T. mentagrophytes*, and/or yeasts *Candida albicans*, etc.).” This is NOT an approval or clearance for the treatment of Onychomycosis.

The PinPointe 1064nm laser was the 1st system to be given clearance by FDA for this indication. All subsequent systems were found equivalent to this one and have the exact same indication. The FDA is now using a unique product code for systems with this clear nail indication so they can better track such systems. That product code is PDZ. The CDRH web site may be searched using this code to identify the systems currently FDA cleared with this indication for use.



## MARYLAND DIVISION OF DRUG CONTROL PERMITS

Under COMAR 10.19.03.01-.13, Criminal Law Article 5-301-310 and Title 5 generally; Health General Article, 21-220 it is required every person who manufactures, distributes, prescribes or dispenses any controlled dangerous substances within the State to obtain a registration (Permit) to be issued by the Department of Health and Mental Hygiene, Division of Drug Control, every TWO years.

Under COMAR as stated above it is required that a separate registration (Permit) be obtained for each principal place of business that manufactures, distributes, prescribes or dispenses controlled dangerous substances. Please note that you must obtain both DEA registration number specific for a Maryland practice location along with a Maryland CDS permit. If you have more than one location, you must have a Maryland Drug Control Permit for each location and each practitioner at that location.

Specific inquiries regarding the Maryland CDS Permit should be directed to the Division of Drug Control at 410-764-2890. For DEA inquiries, call (410) 244-3591, or (877)330-6670.

## PODIATRIC RESIDENTS: LIMITED LICENSE REQUIRED

A Limited License is required of all podiatric residents. A podiatrist that holds a full Active License and pursues additional training in a residency program is required to hold a Limited License in addition to other licensure options. Podiatric residents rotating in your offices or ASC as part of their residency program should

provide you a copy of their Limited License valid for the dates of the rotation.

A Limited License is valid only for supervised training at a CPME and Maryland Board approved location as part of a residency program; this does not authorize the practice of podiatry outside of

the residency program. Moonlighting, taking call, or providing any type of weekend, holiday, or overnight coverage on a Limited License outside a CPME approved residency program or an approved affiliated facility by such, is strictly prohibited. Non-compliance with these licensure requirements may lead to disciplinary action by the Board.

## Medical Records Retention Laws

The Maryland Department of Health and Mental Hygiene's new regulations COMAR 10.01.16 Retention and Disposal of Medical Records and Protected Health Information became effective March 24, 2008 and are available online at:

<http://www.dsd.state.md.us/comar/SubtitleSearch.aspx?search=10.01.16>\*

### Medical Records Facts:

1. **Medical Records Ownership.** Medical records are the personal property of the entity providing the health care. Periodically, patients argue that they own their medical record, and demand their original files. This is incorrect. Patients can demand, and should receive, only copies of their medical record.
2. **Retention Schedule.** Every health care entity must have a medical record retention schedule that includes a list and description of the medical records, the retention period for each medical record, and destruction instructions. The schedule, as a matter of good housekeeping, should include storage and maintenance procedures and disposal methods.
3. **Storage.** Medical records must be stored in an office that has access restricted to authorized staff. Electronic medical records must be stored on an electronic medium with passwords or data encryption. Health care entities must keep current back-up copies of those electronic medical records. If medical records are stored at a commercial records storage site, that site must have environmental and security access controls.
4. **Paper Record Destruction.** Medical records kept on paper must be destroyed by shredding, incineration, or pulping or any other process that makes the record permanently unreadable.
5. **Electronic or Other Media Destruction.** Medical records



stored in electronic media, such as computer hard drives, must be destroyed by completely sanitizing the media with no possibility of recovery. For example, mere deletion of a file is not enough. Medical records on other media, such as film or photos, must be destroyed without the possibility of recovery.

6. **Other Laws.** Medical records in Maryland cannot be destroyed until after five (5) years or, for a minor patient, the longer of three (3) years after the minor turns 18 or five (5) years after the medical record was made. HIPAA regulations require that patient documents must be kept a minimum of six (6) years.
7. **Early Destruction.** Before a health care entity can destroy a medical record prematurely, written notice must be sent to the patient (or the patient's guardian in some cases) at least thirty (30) days before the destruction date.
8. **Violations.** Health care entities that violate the Medical Records Destruction law are subject to fines of up to \$10,000 per day. Individual health care providers or administrators may be fined up to \$5,000 per day.

## Dispensing Permit Fee Increase

Effective July 1, 2013, the new Dispensing Permit Fee has increased from \$50 to \$1050 for five (5) years. The reason for the increase is due to the Boards now being required to pay for the Drug Control Inspectors to the Division of Drug Control. Presently, the Board has pending regulations regarding the fee increase for the Dispensing Permit.

### FYI

#### Does your practice dispense prescription drugs?

Section 16-205(a)(2), of the Maryland Podiatry Act, states: After consulting with the State Board of Pharmacy, [the Board will] adopt rules and regulations regarding the dispensing of prescription drugs by a licensed podiatrist. The Board utilizes the provisions of Title 10, Health Occupations Article, Annotated Code of Maryland, 10.13.01, Dispensing Prescription Drugs by a Licensee in its review, and as appropriate issues the Maryland Board of Podiatric Medical Examiners Permit to Dispense.

The complexities of the dispensing and record keeping requirements are too extensive to cover in this Newsletter. If your practice dispenses more than starter dosages, samples (for no charge), or more than just the initial dose of administering a prescription drug in the course of treating a patient, you should contact the Board at (410) 764-4785 and ask for an Application for Dispensing Permit Packet for your information and review. The application may be submitted to the Board for the issuance of a Dispensing Permit.

## Board Vacancies

According to House Bill 114, Board member vacancies will be advertised via email and the Board's website to the entire Active Maryland practicing podiatrists. Interested podiatrists may submit their name and resumes to MPMA

## Veteran Priority

According to House Bill 225, Veteran's and their spouses will now have priority in the licensing process. Credit for courses or experience within the military will be given if it meets Boards standards. If Veteran's are unable to renew on time due to their service duties, they will not be penalized.





MARYLAND BOARD OF PODIATRIC  
MEDICAL EXAMINERS

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ROOM 310

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Fax: 410-358-3083

Toll Free : 1-866-253-8461

<http://www.dhmf.maryland.gov/mbpme>

*Special Notice*

The Maryland Board of Podiatric Medical Examiners Newsletter is considered an official method of notification to podiatrists. These Newsletters may be used in administrative hearings as proof of notification. Please read them carefully and keep them for future reference.

BOARD MEETING  
SCHEDULE

November 14, 2013

December 12, 2013

January 9, 2014

February 13, 2014

March 13, 2014

April 10, 2014

May 8, 2014

The Board of Podiatric Medical Examiners meets the second Thursday of each month at the Department of Health and Mental Hygiene, 4201 Patterson Avenue, Baltimore, MD 21215. The public is invited to the Open Session of the meeting which begins at 1:00 p.m. Please note that the Board does not schedule an August meeting. For further information or to place an item on the public agenda, please contact the Board office.

**CPR REQUIRED FOR INITIAL LICENSURE AND ALL LICENSE RENEWALS**

For the 2014-2015 licensure cycle and hence forth, Cardio Pulmonary Resuscitation (CPR) certification [Basic Life Support for Healthcare Professionals] is required for initial licensure and all license renewals. When audited, evidence of CPR certification must be provided for all renewal applications. CPR certification and/or recertification courses are approved for a maximum of 3 CME Category A credits. Some entities of CPR certification courses for example are available from the following Board-approved organizations:

American Red Cross  
[www.redcross.org](http://www.redcross.org)

1-800-REDCROSS

American Heart Association  
[www.americanheart.org](http://www.americanheart.org)  
1-877-AHA-4CPR  
1-877-242-4277

American Safety & Health Institute  
[www.ashinstitute.org](http://www.ashinstitute.org)  
1-800-246-5101  
Ursus Lifesavers & Aquatics  
[www.411cpr.com](http://www.411cpr.com)  
1-888-681-1950

To maintain a current CPR certification, the Board encourages all licensees that need to obtain CPR recertification to immediately contact one of the organizations listed above and schedule your training.

Please note that your license expiring December 31, 2013 CAN NOT be renewed without current and continuous CPR certification.

It is the responsibility of the licensee to identify the availability of Board approved CPR certification/recertification training to meet licensure renewal requirements.

**NOTICE**

All CPR Certifications must be valid and concurrent with the period while the license is valid. The courses must be hands on specifically due to the new law changes that state you are to start with compressions, before starting with 2 quick breaths.

